Fill in this information	to identify your case:	
Debtor 1 Jason M. Lesko		_
Debtor 2 (Spouse, if filing)	Megan Alayna Gay-Lesko	_
United States Bankru	ptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
	7-17382	Check if this is:
(If known)		 An amended filing A supplement showing postpetition chapter 13 income as of the following date:
Official Forn	<u>n 106l</u>	MM / DD/ YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment								
1.	Fill in your employment information.		Debtor	1	Debtor 2 or non-filing spouse				
	If you have more than one job,	Fundament status	■ Emp	oloyed	■ Employed				
	attach a separate page with information about additional	Employment status	☐ Not	employed	☐ Not employed				
	employers.	Occupation	Real Estate Agent		Registered Nurse				
	Include part-time, seasonal, or self-employed work.	Employer's name	Keller	Williams Realty, Inc.	Beebe Healthcare				
	Occupation may include student or homemaker, if it applies.	Employer's address		Coastal Highway ny Beach, DE 19930	18941 John J. Williams Highway Rehoboth Beach, DE 19971				
		How long employed the	here?	Since December 2017	Since April 1, 2018				

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 6,495.95 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 0.00 6,495.95

Official Form 106I Schedule I: Your Income page 1

Debt Debt		Jason M. Lesko Megan Alayna Gay-Lesko	_	C	Case	e number (<i>if known</i>)	17-1	17382			
	Сор	y line 4 here	4.		Fo:	r Debtor 1		r Debtor n-filing s 6			
5.	Lict	all payroll deductions:					_			_	
Э.			F.o.		\$	0.00	æ		007.00		
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a 5b		φ \$	0.00	\$_ \$	1	,067.08 0.00	_	
	5c.	Voluntary contributions for retirement plans	5c		\$ -	0.00	\$ _		0.00		
	5d.	Required repayments of retirement fund loans	5d		\$ -	0.00	\$-		0.00	_	
	5e.	Insurance	5e		\$	0.00	\$		384.22	_	
	5f.	Domestic support obligations	5f.		\$	0.00	\$		0.00	<u> </u>	
	5g.	Union dues	5g	١.	\$	0.00	\$		0.00	<u> </u>	
	5h.	Other deductions. Specify:	5h	1.+	\$_	0.00	+ \$ _		0.00)	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	0.00	\$_	1	,451.30	<u>) </u>	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.00	\$_	5	,044.65	5	
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Prorated Tax Refund (\$1333/12)	8c 8d 8e). 	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2,040.48 0.00 0.00 0.00 0.00 0.00 111.08	\$ \$ \$ \$ \$ \$ \$ \$ \$		0.00 0.00 0.00 0.00 0.00		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	 }	2,151.56	\$_		0.0	00	
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		2,151.56 + \$	5	044.65	_ ¢	7,196.2°	1
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		Σ,131.30	٥,	044.03		7,130.2	_
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +								0.00	0_		
12.		the amount in the last column of line 10 to the amount in line 11. The reset hat amount on the Summary of Schedules and Statistical Summary of Certaines						e. 12.	\$	7,196.2	1
13.	Do y	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	1?						Combi month	ined ly income	